

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
March 18, 2004**

SUBJECT: First-Level Appeal
To Grievance Number 75766

TO: Mr. Rankin, EU-5850
F Unit, A Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your grievance, number 75766, dated February 13, 2004; the Initial Review Response by RNS McAnany, dated February 24, 2004; and your first-level appeal, received in this office on March 15, 2004.

Your first-level appeal of 75766 will not be reviewed due to your failing to comply with DC-ADM 804, Section VI Procedures, C Appeal to Facility Manager, 1b. It is the responsibility of the inmate/grievant to monitor procedural time frames as established in this policy. While latitude in regard to timeliness is often exercised, I find your appeal is well beyond the five-day period.

Your appeal is hereby dismissed.

LSF:djk

CC: Deputies
Grievance Coordinator
DC-15

Case 1:04-cv-00100-SJM-SPB Document 116-4 Filed 01/12/2007 Page 2 of 100
I would like to get a stamp to appear on my brief
to mail to the courts.

3/15

EU 5850
SCI-GREENE
175 Progress Drive
Waynesburg Pa 15370
03/13/04

GRIEVANCE Appeal # 75766
to Superintendent Folino.

RE: DERRICK RANKINE

Since 01/20/04, I have been having severe headaches
pain in my arms, legs and back. On 01/22/04 and 01/25/04
and 01/27/04; I was seen by RNU Doctor and told that I would
be given Motrin. I have received NO Motrin as of 02/13/04.
These pains are caused because I was locked in a cell
with any heat or clothing from 01/20/04 to 02/13/04. Now
your (Mr. John McAnany) did not interview me or spoken
to me about this grievance, which violates DC ADM 804
and this response was not given to me until 03/07/04; and I
was not given a pen until 03/13/04; which shows that this
grievance is factual, correct and truthful.

HAD I BEEN LYING, your staff and you would not be
trying to obstruct the due administration of justice. Now your
staff are refusing to give me pens, toothpaste, soap, ointment
envelopes; requests to staff and grievances, registered
letter receipts; cash slips in an effort to silence me but I am
a general son; so they will frustrate me but I will get justice
at all cost; so please advise your staff to give me the States
supplies.

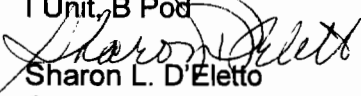
Respectfully
Derrick Rankine

CC COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: February 13, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
I Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY 75768 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☒ **Grievances based upon different events shall be presented separately.**
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: If the grievance issue of February 12 is still important to you, edit the grievance form and resubmit in five (5) working days. The issue of pain since January 20 is being reviewed separately on another grievance. Use only your name of commitment.

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

75768
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 02/12/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$2500 relief requested.	HOUSING ASSIGNMENT: RHU IB-20	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/12/04, I was scheduled by the medical department to give blood. I was taken from my cell by (C/O)s Jordan and Stephen to give this blood. The nurse stuck me three times with a needle yet she refused to draw my blood; which caused me severe pain in both my arms. I have been experiencing severe pains in my arms, legs, back and head since 01/20/04 yet I am been denied all forms of pain relievers, and now the above abused was added to this torture.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a request to the medical administrator, PRC and Superintendent Folino. I have received no response as yet about the continuing denial of medical care to me. I would like all torturing of me to cease immediately. I also asked to speak to the Rhu Captain or Lt. to no avail.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

February 20, 2004

SUBJECT: Your IRTSM, dated 02/18/04
Re: Appeal of Rejected Grievance 75768
Name of Commitment

TO: Mr. Rankin EU 5850
I Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of the above-described request slip.

First, Grievance Number 75768 was rejected for more reasons than just your use of a name other than your name of commitment. It was rejected in that you included an issue (01/20/04) which is the subject of another grievance (75766). Also, in Grievance Number 75768, you included a new complaint stemming from 02/12/04.

You were advised by the Grievance Coordinator that, if the 02/12/04 issue was still important to you to submit a new grievance containing only that issue and resubmit it in five (5) working days. This you have failed to do.

To that end, your appeal is denied.

Second, you were committed by Philadelphia County to the Pennsylvania Department of Corrections under the name of Derrick Rankin; therefore, that is your name of commitment.

The only sure way of changing this situation of your name, if it is inaccurate, is for you to contact the court of commitment (Philadelphia) and request that correction.

You may also contact Ms. Thomas, Records Supervisor, SCI Greene, to see if she may be of any assistance to you in this matter.

Finally, until the situation of your name is addressed by you appropriately, you are to use your name of commitment on any and all correspondence with the Department of Corrections, e.g., request slips, grievances, etc.

Attach.: IRTSM 02/18/04 re: 75768

CC: Grievance Number 75768 (with attachment)
Ms. Thomas, SCI Greene Records Supervisor (with attachment)
CSA Inmate File (with attachment)
DC-15 (with attachment)

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 75768.02-20-04)
(inmate 2004\superintendent correspondence\EU 5850 Rankin and 02-18-04 IRTSM.02-20-04)

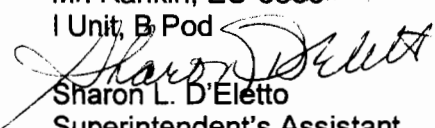
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY 75765 GRIEVANCE NUMBER
--

DATE: February 13, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
I Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

75765
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI-GREENE</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>02/12/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <u>RHU IB-20</u>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/10/04, I WAS Forceably stripped searched by your STAFF, which WAS VERY humiliatinf; degrading demeaning, and is causing me to have Nightmares, BEEN UNABLE to sleep, vomiting and a loss of Appetite. I am not a homosexual and NEVER will be one. I informed STAFF that the ABOVE would occur and REFUSED to removed my boxer. I WAS compelled to removed my boxer's by the Sgt. and Lt. and I WAS then told this would occur ONCE EVERY month. I will NOT voluntarily removed my UNDERWEAR in the PRESENCE of any male person for the ABOVE REASONS.

B. List actions taken and staff you have contacted, before submitting this grievance.

I REFUSED to removed my boxer's and informed STAFF that the ABOVE would occur. I also informed the RHU Sgt. and Lt. that the ABOVE would occur and I WAS threatened and Forceably stripped and INSULTED by the Lt. Quinn. I would like to be RELEASED from the RHU or be transfer out of this institution.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000


S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

February 20, 2004

SUBJECT: Appeal of Rejected Grievance 75765

TO: Mr. Rankin 
I Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 02/18/04 appeal of the Grievance Coordinator's rejection of Grievance Number 75765. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 01/29/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 75765

CC: Deputies' Complex (1)
CSA Grievance File at 75765
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 75765.02-20-04)

2/20

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE Appeal 75765		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino.		2. Date: 02/18/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE, EU 5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment \$2500 relief requested.		7. Housing Assignment RHU IB-20.	
8. Subject: State your request completely but briefly. Give details. My name is and was always DERRICK RANKINE, therefore you and your staff needs to correct my name and stop disrespecting my family before I sue you and your staff, for slander and libel. On 02/10/04 I was forcibly stripped searched by your staff; which was very humiliating, degrading, demeaning and embarrassing to me and is causing me to have nightmares, been unable to sleep, vomiting and a loss of appetite. I am not a homosexual and never will become a faggot. I refused to removed my boxers and informed your staff of the above situation. Yet I was compelled to removed my boxers by the Lt. and Sgt. I was then told that this will occurred once every month. I was then denied access to the yard by SGT Stephen because I refused to removed my boxers in his presence. This situation was reported.			
9. Response: (This Section for Staff Response Only) at SCI-Albion and SCI-Berks I will continued to be refused removed my boxers in the presence of all your male staff. If you read my file you will understand that I am violently homophobic and that is why I was given a Z code. Also, when I am stripped searched I become suicidal. This started at Smithville; and no one can explain it to me. I would and will jump-up and shake up my underwear in the presence of your staff so they can understand that I have nothing in my boxers but my penis and testicles. I thank you for your time, co-operation and consideration in this matter. Your servant.			
To DC-14 CAR only <input type="checkbox"/> Derrick Rankine		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE


FOR OFFICIAL USE ONLY

76214

GRIEVANCE NUMBER

DATE: February 20, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
I Unit, B PodFROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:tlb

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

76214
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Mr. SCI-GREENE	FACILITY: SCI-GREENE	DATE: 02/18/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000 day relief requested	HOUSING ASSIGNMENT: RHU IB 20	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. <p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 02/18/04, I WAS DENIED EXERCISE by CIO Stephen BECAUSE I REFUSED to took off my underwear in the presence of CIO Stephen.</p> <p>CIO Stephen and CIO Manberry have been tampering with my Food, such as removing Food items Sugar, eat eat and pouring water in my tray, giving me 1/4 cup COFFEE eat eat cold COFFEE.</p> <p>CIO Stephen has also curse at me and made homosexual demands and comments to me. I have repeatedly told CIO Stephen to stay away from me and my cell because I am not a homosexual and will NEVER have a homosexual relation with him.</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance or any others.</p> <p>I filed a grievance spoke to Sgts and an Lt. I also informed CIO Stephen and other staff that it is humiliating, embarrassing degrading and caused me to have Nightmares for me to removed my boxers in the presence of men. I also become suicidal whenever I am stripped search.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804

Part 2

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598**

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

CAMP HILL, PA 17001

GRIEVANCE NO. 76352

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankin, Derrick EU-5850	SCI-Greene	IB-20	02-23-04

I am in receipt of and have been assigned to respond to your grievance. After reviewing your medical record, I note the following facts concerning this grievance.

You claim that on 02/22/04 Ms. Ledwich again gave you the wrong medication. That she returned this medication to the medical department and failed to come back your medication. According to your Medication Administration Record and discussion with Ms. Ledwich the corrected medication was dispensed.

Grievance denied.

/ted

cc: DSFM
DSCS
Grievance Coordinator
DC-15

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
John McAnany, RNS/Acting CHCA		03-01-04

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

76352

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI GREENE	FACILITY: SCI GREENE	DATE: 02/22/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested	HOUSING ASSIGNMENT: RHUIB-20	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On the above date I was given the wrong medications again by Nurse Joann. I brought this to the attention of CIO Rush and the Nurse.

The Nurse returned to my cell and took the medications and left the pod. I was not given any medication to replace this wrong medication. This is the second time this nurse gave me the wrong medication.

B. List actions taken and staff you have contacted, before submitting this grievance.

I filed a grievance and appealed to Superintendent Folino then to Camphill. I sent a letter to Ed Rendell and Judge Baxter and Secretary Beard and the Attorney General.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

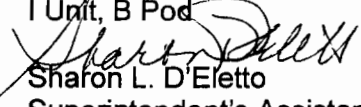
Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT
 SCI-GREENE

DATE: February 23, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, [REDACTED]
 I Unit, B Pod

FROM: 
 Sharon L. D'Eletto
 Superintendent's Assistant

FOR OFFICIAL USE ONLY
76353
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
 Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:tlb

cc: FILE
 DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

76353

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 02/22/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1153/day relief requested	HOUSING ASSIGNMENT: RHU IB-20	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/22/04, I WAS GIVEN A breakfast tray without any bread, 4 Sugars and grits by (C/O)s Manberry and Rausenwinder.

At lunch I WAS GIVEN A tray with only mashed potatoes Filled with liquid, by (C/O)s Manberry and Rausenwinder. This behavior of (C/O)s Stephen Manberry and Rausenwinder as BEEN going on since I told them that I am Not A "Faggot". I would like a permanent separation from these STAFF since I HAVE INTENTION OF EVER having a HOMOSEXUAL relationship with them or anyone ELSE.

B. List actions taken and staff you have contacted, before submitting this grievance.

I Filed two requests to medical asking to be removed off my diet. I Filed two grievances which C/O Rausenwinder and Sgt. Harouse removed from my cell door. I showed C/O Rausenwinder and Inmate West my tray. I also asked to SPEAK to the Unit Sgt and PRESSED THE EMERGENCY button 12 times to NO Avail and REFUSED TO EAT Fox

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DC-ADM 804, Inmate Grievance System

DC-804

Part 2

Attachment B

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE
 INITIAL REVIEW RESPONSE

GRIEVANCE NO. 76607

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankin	EU-5850	SCI-Greene	F/B 07
2/16/04			

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your allegations. This grievance was originally processed on 2/29/04 but was somehow misplaced by entities other than this writer.

You allege in this grievance that you are being held "illegally" and are subjected to "barbaric" treatment within the confines of the RHU.

This subject matter has already been covered in grievance number 75455.

You feel that you are entitled to *anything* you request and you want it *immediately*, Mr. Rankin, despite the fact that you have been treated well by Staff and have received your basic issue items. In an un-related grievance, you ordered Captain hall to give you 450 sheets of typing paper. That alone is a testament to your incredible sense of entitlement.

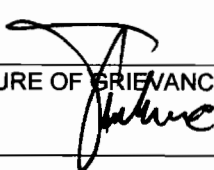
Thermal underwear is not part of your basic issue. It can be purchased from the commissary.

I find this grievance to be frivolous and without merit.

This grievance is summarily denied.

AG:ag

cc: Grievance Coordinator
 Deputy Barone
 Deputy Jackson
 DC-15

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
LT A.E. GUMBAREVIC		4/28/04

dk

OFFICIAL INMATE GRIEVANCE

3/9

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI-GREENE</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>02/16/04</u>
FROM: (INMATE NAME & NUMBER) <u>JERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Jerrick Rankine</u>	
WORK ASSIGNMENT: <u>\$1553/day requested</u>	HOUSING ASSIGNMENT: <u>RHU IB-20</u>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

From 01/20/04, I was held in a cell without heat, thermal underweares, socks, T-shirts, boxers, hat pain relievers ect ect. On 02/10/04, the heat was turned on in my cell. I am still without thermal underweares and I am still been held illegally in the RHU without a misconduct.

On 02/10/04 I was forced to go to the yard with out a thermal underwear which aggravated the pain in my legs, arms, back and head and joints. I was not given any pain relievers until 02/12/04. I would like \$1553/day. For all the above sufferings that I was and am being subjected to, plus I would like to be released from this torture chamber called RHU.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a request to Superintendent Folino and the PRC and nothing was done. Superintendent Folino refused to send me a check for \$3213.00 to resolved the above differences and he refused to have me released from this torture chamber. This is inhumane, sadistic, barbaric and deliberate retaliatory torture.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 9, 2004

SUBJECT: Appeal of Rejected Grievance 76612

TO: Mr. Rankin EU 5850
I Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 03/06/04 appeal of the Grievance Coordinator's rejection of Grievance Number 76612. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 02/24/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 76612

CC: Deputies' Complex (1)
CSA Grievance File at 76612
DC-15 EU 5850

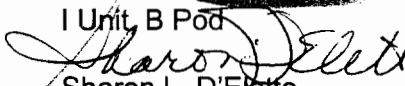
(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 76612.03-09-04)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: February 24, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin [REDACTED]
I Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
76614
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☒ **Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:**
 - a. **DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures**
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

76614
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
SCI-GREENE	SCI-GREENE	02/23/04
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
DERRICK RANKINE EU 5850	Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
\$1553/day relief requested	RHU IB-20.	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/23/04, I was denied my tray by CIO Stephen and Monberry, because I refused to become a homo sexual and withdraw by Law Suit against SCI-SOMERSET'S and Albion Staff.

I was given a juice and a milk with a cup of coffee, when I attempted to ask CIO Manberry to change that coffee, CIO Stephen used the tray and knocked over the coffee and lefted the pod with my tray. Approximately 5 minutes later CIO Manberry and Stephen returned to my cell door and said "Nigger" give me the f---ing milk and juice cup or we are going to "kill" your "Nigger" Faggot ass". They did not open the tray slot so I was unable to obey this demand.

B. List actions taken and staff you have contacted, before submitting this grievance.

I pressed the EMERGENCY button approximately 100 times; yet no one answered. I informed Sgt Hargrave and demanded my tray and coffee. Sgt Hargrave told me that he knew what happened and that he does not want to speak to me. I was also denied my tray by Sgt Hargrave without a hearing. Thank you.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-9598

FOR OFFICIAL USE ONLY

76614
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 02/23/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000 day relief requested.	HOUSING ASSIGNMENT: RHU IB-20	
INSTRUCTIONS:		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>At approximately 45 minutes later C/O Manberry returned to my cell and said "Nigger I want to know if you are going to give up the juice cup and milk faggot". I refused to answer. At approximately 2 minutes later C/O Manberry and C/O AnsbeLO came on the pod to collect the trays. They refused to open my tray slot even though I was standing at my cell door with the juice cup and milk box in my hands. I offered the juice cup and milk box to C/O AnsbeLO and was told by C/O AnsbeLO that "I cannot open that tray slot Mr. Rankine". No other staff came on pod as yet.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I pressed the emergency button 5 times and yet no one responded. I offered the milk box and juice cup to C/O AnsbeLO. I then reported the above to C/O Pap in the bubble. Again, I would like protective custody from C/O Manberry, Stephen and Rousewinder. I am in extreme fear of these staff.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

76612

GRIEVANCE NUMBER

DATE: February 24, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin [REDACTED]
I Unit, B PodFROM: Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

76612
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI-GREENE</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>02/20/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU 5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$153/day relief requested.</u>	HOUSING ASSIGNMENT: <u>RHU IB-20.</u>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

PLEASE CORRECT THE SPELLING OF my NAME AS my NAME IS and Always IS DERRICK RANKINE; and I NEVER USED OR GAVE any ALIAS to anyone. Also, I will not and NEVER USED any ALIAS that you or the department of Corrections try to force on me; since using ALIASES VIOLATES the laws of the United States and Commonwealth of Pennsylvania and disrespect my Father; and humiliates, embarrasses, demean and degrade me. I would be grateful if you would CEASE and desist from these retaliatory acts, barbaric, sadistic and intentional cruelty and correct the spelling of my Name. Thank you

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent three requests to Superintendent Falino, 2 grievance appeals, informed SCI Albion and SCI Somerset and SCI-Camphill of the correct spelling of my Name; yet the D.O.C. continues to embarrass, humiliates, demean and degrade me and my Family by spelling my Father's Name INCORRECTLY.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy


Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: February 24, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin [REDACTED]
I Unit, B Pod

FROM: 
Sharon L. D'Eleto
Superintendent's Assistant

FOR OFFICIAL USE ONLY 76613 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

76613
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI GREENE	FACILITY: SCI GREENE	DATE: 02/20/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: \$153/day relief requested	HOUSING ASSIGNMENT: RHU IB 20	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/19/04 and 02/20/04, I WAS DENIED EXERCISE by CIO Stephen BECAUSE I REFUSED TO TOOK OFF my UNDERWEAR IN his PRESENCE. CIO Stephen WAS MADE AWARE OF the medical and psychological REASONS; Why I REFUSED to get NAKED IN his PRESENCE; yet HE continue to try and forced himself on ME.

At this point, I am asking For A permanent SEPARATION From CIOs Stephen and Manberry. SINCE I am NOT A HOMOSEXUAL and I will NEVER BECOME A HOMOSEXUAL and I am IN EXTREME FEAR OF THESE MEN.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent A grievance with Sgt. Hargrove on 02/19/04. I informed A Lt. and Sgt. plus Sgt. Hargrove OF this plus other ISSUES with CIO Stephen and Manberry and I also asked and told CIO Stephen to STAY AWAY From ME, Not to CRUSED AT ME or THREATENED ME.

Your grievance has been received and will be processed in accordance with DC-ADM 804. TO NO AVAIL

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

76608

GRIEVANCE NUMBER

DATE: February 24, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin [REDACTED]
I Unit, B PodFROM: Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

76608
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 02/16/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE #5850	SIGNATURE OF INMATE: <i>Demick Rankine</i>	
WORK ASSIGNMENT: \$1000/day relief requested	HOUSING ASSIGNMENT: RHU IB-20	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

I HAVE SENT A MISCONDUCT APPEAL TO YOU AND 8 GRIEVANCE APPEALS AND I HAVE RECEIVED NO RESPONSES FROM SUPERINTENDENT FOLINO. I HAVE SENT APPROXIMATELY 12 REQUESTS TO SUPERINTENDENT FOLINO AND I HAVE RECEIVED RESPONSES TO ONLY TWO OF THESE REQUESTS.

PRESENTLY I WOULD BE GRATEFUL IF I SHOULD OBTAIN THE SUPERINTENDENT'S RESPONSE TO THE ABOVE MISCONDUCT, AND GRIEVANCE APPEALS SO I CAN COMPLETE MY ADMINISTRATIVE REMEDIES; THEN SEEK RELIEF IN THE COURTS; IF MY DEMANDS ARE NOT MET.

B. List actions taken and staff you have contacted, before submitting this grievance.

I SENT A REQUEST TO SUPERINTENDENT FOLINO ON 02/12/04 AND INFORMED MR. IVAN OF THE ABOVE OBSTRUCTION OF THE DUE ADMINISTRATION OF JUSTICE; YET I HAVE RECEIVED NO SATISFACTORY RESPONSES. I ALSO SENT A LETTER TO SECRETARY BEARD, MR. O'HARA AND MR. BITNER.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

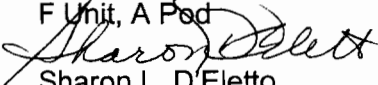
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY
77892
GRIEVANCE NUMBER

DATE: March 8, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, A Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☐ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☒ **Grievances based upon different events shall be presented separately.**
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

77892
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/06/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE of INMATE: Jerrick Rankine	
WORK ASSIGNMENT: RELIEF REQUESTED (Return all my property)	HOUSING ASSIGNMENT: RHU FA 07.	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>① From 02/23/04 all my legal, religious and educational materials were stolen by RHU staff in an effort to obstruct the due administration in both State and Federal Courts. I would like all my bibles return to me with my legal materials and access to and used of the</p> <p>③ copy machine to prepare my appeal to be mailed to the courts. I also need 500</p> <p>② typing sheets and 50 carbon papers and 10 Manila envelopes. Thank You All.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Dr. Sacks and Sgt. Santoyo on a daily basis between 02/23/04 and now. I also informed Mr. Ivan and asked Dr. Sacks to inform Captain Hall and Mr. Ivan on 03/04/04 and 03/05/04 to no avail.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

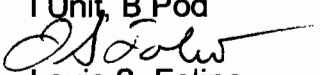
Revised
December 2000

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 16, 2004

SUBJECT: Appeal of Rejected Grievance 77892

TO: Mr. Rankin EU 5850
I Unit, B Pod
FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 03/11/04 appeal of the Grievance Coordinator's rejection of Grievance Number 77892. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/08/04.

DC-ADM 804, at Section IV, A, 1, k, directs that different events should be presented separately. Insofar as I find no core organizing reason to include all these events in one grievance and there is no shortage of grievances from the RHU, I suggest you follow the direction of the Grievance Coordinator. Also, please use your name of commitment in all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 77892

CC: Deputies' Complex (1)
CSA Grievance File at 77892
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 77892.03-16-04)

GRIEVANCE AP. # 11842. From Derrick RANKINE 3/12
 TO Superintendent Folino. RHU FA-7.
 DATE 03/11/04.

THE GRIEVANCE OFFICER NEED TO BE TRAIN ABOUT THE PURPOSE OF A GRIEVANCE AND THE GRIEVANCE SYSTEM. RHU STAFF REFUSE TO GIVE THE ZNMALES GRIEVANCE AND REQUESTS TO STAFF SO WE ARE BEEN FORCED TO WORK WITH LIMITED SUPPLIES, ZN AN EFFORT TO COVER-UP THE ABUSES THAT IS TAKING PLACE DAILY ZN THE RHU BY RHU STAFF.

FROM 02/24/04 ALL MY LEGAL, RELIGIOUS AND EDUCATIONAL MATERIALS WERE STOLEN BY RHU STAFF ZN AN EFFORT TO DENIED ME ACCESS TO THE COURTS. I WOULD LIKE ALL MY BIBLES, ALL MY LEGAL MATERIALS, MY IRISH SPRING SOAP RETURN TO ME.

I WOULD ALSO LIKE ACCESS TO AND USED OF THE COPY MACHINE WITH 10 PENS TO PREPARE MY APPEAL TO SEND TO THE COURTS. I ALSO NEED 500 TYPING SHEETS AND 50 CARBON PAPERS WITH 10 PENS, SINCE RHU STAFF (C/O STICKLES) REFUSED TO GIVE ME PENS WHEN MY PEN IS EMPTY.

ALSO, SINCE 02/22/04, I HAVE BEEN DENIED SOAP, TOOTH PASTE, SHOWER, ACCESS TO THE YARD, A STRAPLER, AND ACCESS TO THE LAW LIBRARY; AND C/O STICKLES KEEP CALLING ME A "PIECE OF SHIT", "STINKING RAKIN" STARING AT ME ZN MY CELL, GIVING ME SUGAR ON MY DINNER TRAY AND EXCHANGING MY CARDIAC DIET FOR A HIGH PROTEIN DIET. I WOULD LIKE SOME REQUESTS TO STAFF AND GRIEVANCES AND TO GET A PERMANENT SEPARATION FROM C/O STICKLES, C/O JORDAN, C/O STAMP, C/O MANBERRY, C/O STEPHEN, C/O RAUSEN WINDER. I HAVE NO REQUESTS TO STAFF SO I AM FORCED TO SEND THIS APPEAL ON THIS SHEET.

03/11/04.

Respectfully
 Derrick Rankine

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804

Part 2

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598**

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

CAMP HILL, PA 17001

GRIEVANCE NO. 77895

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankin EU-5850	SCI-Greene	F/A 07	3/6/04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your allegations.


You state in this grievance that you refuse to "have homosexual relationships with Officers Mansberry, Stephens and Rauenswinder, withdraw your lawsuits against SC's Albion and Somerset and, finally, you have 'stopped praising God three times per day'. You further state that you were not served your meal trays from 2/22/04 to 3/1/04, despite stating that Officers Henry, Cole and Blake asked you if you wanted your food loaf.

Mr. Rankin, you are currently housed on F/Unit. You were placed on F/Unit because you threw a hot cup of coffee on Officer Mansberry and were subsequently placed on a behavior-modified diet (food loaf) and placed on restricted movement. I regard officers Mansberry, Stephens and Rauenswinder as professional, courteous and diligent workers. They conduct their duties within department guidelines and directives. Your inference that these Officers wished to have "homosexual" relations with you is libelous.

This grievance is summarily denied.

AG:ag

cc: Grievance Coordinator
Deputy Barone
Deputy Jackson
DC-15

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
LT A.E. GUMBAREVIC		3/17/04

DC-804
Part 1*Conditions*COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

77895
GRIEVANCE NUMBER*dk*

OFFICIAL INMATE GRIEVANCE

3/22

TO: FACILITY GRIEVANCE COORDINATOR <i>SCI-GREENE</i>	FACILITY: <i>SCI-GREENE</i>	DATE: <i>03/06/04</i>
FROM: (INMATE NAME & NUMBER) <i>JERRICK RANKINE EU5850</i>	SIGNATURE OF INMATE: <i>Jerrick Rankine</i>	
WORK ASSIGNMENT: <i>RELIEF REQUESTED (STOP MESSING WITH MY PEOPLE WHILE I AM HERE)</i>	HOUSING ASSIGNMENT: <i>FA-7</i>	
INSTRUCTIONS: <i>(YOU CAN AND GIVE ME MY BIBLES). THANK YOU - DR.</i>		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

For refusing to have a homosexual relationship with CIO's Manberry, Stephen and Rausenwinder 2) with draw my law suits against SCT-Albion and Somerset and my criminal appeals and 3) stopped praising GOD three times per day, I WAS NOT FED From 02/22/04 to 03/01/04; DENIED ALL MEDICAL ATTENTION, DENIED my Niacin, held in FB 07 without: A bible, heat, sheets, blanket, Shower, soap, toothpaste, All legal, religious and educational property, A PEN, requests to staff, grievances, sugar salt, change of clothings; ect ect During this time period CIO's Henry, Cole and Blake who EVEN ASKED ME IF I WANTED MY LOF. Two times CIO Henry did and CIO Cole and Blake twice placed my LOF on my tray slot.

B. List actions taken and staff you have contacted, before submitting this grievance.

I reported all the above to Dr. Sacks daily I asked for all the above daily. On 03/05/04, I sent a request to Captain Hall and my misconduct appeal to PRC by CIO Strickles; and I praised GOD three times per day and I was truly blessed mightily by Christ JESUS my Lord and my blessings are still coming.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator


Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
March 25, 2004

SUBJECT: First-Level Appeal
To Grievance Number 77895

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your grievance number 77895 dated March 8, 2004; the Initial Review Response by Lieutenant Gumbarevic, dated March 17, 2004; and your first-level appeal received in this office on March 22, 2004.

After evaluation of the attached grievance, I find the response provided by the investigating staff will be upheld.


Mr. Rankin, I find you offered no argument of appeal to support your disagreement with the Initial Review Response.

I will not address any issues at this appeal level which you did not raise in your grievance.

Your appeal is denied.

LSF:tls

cc: Deputies
Grievance Coordinator
DC-15



GRIEVANCE Appeal # 77895

To Superintendent Folino

From Derrick RANKINE EU5850. FRB-7. 03/19/04.

First, Lt Gumbarevic did not discussed this grievance with me in violation of DC ADM-804. Nor did Lt Gumbarevic interviewed any of the inmates who witnessed and heard CIO Manberry, Stephen and Rausenwinder called me a 'Nigger', 'A Faggot' and 'a bitch'. It is clear that Lt. Gumbarevic knows, approved of and is trying to cover-up ~~the~~ ~~the~~ For the above criminal activity of the above staff members.

Second, I NEVER touched that cup and I informed CIO Manberry that I did not wished to have any coffee, so why did CIO Manberry EVEN placed that cup on my tray slot. Thirdly, I stated that I will never, under any circumstances stopped praising GOD three times per day, or withdraw my law suits against SCI-Albion and SCI Somerset, so Lt Gumbarevic must be in need of reading lessons. I also stated that I was told by CIO Manberry, Stephen and Rausenwinder that if I want the harrassments to stop all I had to do was, 1) withdraw my appeal, 2) withdraw my law suits against SCI-Albion and Somerset's staff and 3) become a homosexual or be their friend.

I was not Fed From 02/22/04 until 03/01/04 by staff, because the staff was trying to intimidated me into silence and I will not be silent. CIO Cole and Blake offered me a Food loaf twice and CIO Henry offered me a Food loaf twice at lunch, but what is four meals out of 24 meals. So Lt. Gumbarevic should try to obey D.C. policy and sent me some

requests to staff, grievances, pens, ointment, a desk, a chair and removed CIO Stickles from around me; cash slips, sick call requests.

Therefore, Plaintiff would like an investigation conducted into this grievance, plus \$500 a day for every day that I spent in FIB-7; or else I will see you all in court. I would also like a desk and chair plus 500 typing sheets, 50 carbon paper, 10 pens, 10 manila envelopes and access to and use of the copy machine to prepare my legal material and mail them to the courts.

I thank you in advance for my check and all the above supplies and look forward to working with you and staff in a productive and constructive manner.

Respectfully
Derrick Rankine
EU 5850
SCI-GREENE
FIB-7.

03/19/04.

I have no requests to staff, cash slips, grievances, sick call slips, pens (with ink) because CIO Coy and Thompson refused me supplies of Wednesday and CIO Stickles and Sgt. Grego refuse to give me any pens from 03/16/04 to the present time.

Thank You Again.
Derrick Rankine

Judge Baxter

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

78202

GRIEVANCE NUMBER

DATE: March 11, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, A PodFROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78202

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/09/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$2553/day relief requested	HOUSING ASSIGNMENT: RAIL A-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 02/22/04, I HAVE BEEN DENIED ALL MEDICAL attention and my Niacin.

Because, I was not given my Niacin during this time period my chest pains returned and which caused me to passed out twice in cell FB-7.

Also I was not Fed From 02/22/04 to 03/01/04 yet I WAS NOT DEEN by medical staff.

I would like my Niacin RESUME 500mg in the morning and 500 mg in the evening, plus I would like some Motrin, and to be taken off my diet, plus A check For all monies OWED to me.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Dr. Sacks of the Above daily From 02/22/04 to 03/04/04. I also gave my empty Niacin package to medical staff on 03/07/04 with a medical request, yet I HAVE DEEN NO medical doctor as yet.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

78228

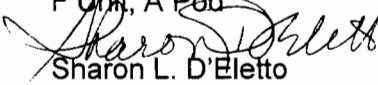
GRIEVANCE NUMBER

DATE: March 11, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, A Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____ Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78228

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/10/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$153/dougief requested	HOUSING ASSIGNMENT: RHU FA-7	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>Today while Mr. Ivan was on the pod, I asked CIO Jordan and CIO Mooney, CIO Stump, CIO Jones for 12 requests to staff to file my grievance appeals to the Superintendent. I asked for 12 cash slips, 12 grievances, 12 registered letter receipts; and I was given 4 cash slips, 2 grievances and no registered letter receipts. From 03/10/04 I have been denied the above supplies without provocation or justification; I am an effort to deny me access to the courts, seek redress of the wrongs that have been done to me daily and to force me to rec. withdraw my appeal and law suits from the courts.</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Dr. Sacks and Mr. Ivan of all the above. I also informed PRC and sent three requests to Deputy Jackson and Superintendent Folino since January 20, 2004, yet the above actions continues to now. I would like a permanent separation from the above staff.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 19, 2004

SUBJECT: Appeal of Rejected Grievance 78228

TO: Mr. Rankin EU 5850
I Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78228. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 78228

CC: Deputies' Complex (1)
CSA Grievance File at 78228
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 78228.03-19-04)

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE Appeal # 78228	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) Superintendent Polino	2. Date: 03/16/04
3. By: (Print Inmate Name and Number) DERICK RANKINE BU5850 Derick Rankine Inmate Signature	4. Counselor's Name Mr Zvan 5. Unit Manager's Name Captain Hall
6. Work Assignment \$153/day RELIEF REQUESTED.	7. Housing Assignment RHU PB-7.
8. Subject: State your request completely but briefly. Give details. MY GRIEVANCES WERE SIGNED AND DATED 80 TH GORIE VANCE OFFICER'S RESPONSE IS FRIVOLOUS; AND THE GRIEVANCE OFFICER MUST DEAL WITH THE ISSUES ON EACH GRIEVANCE. TODAY 03/16/04, WHILE MR ZVAN WAS ON THE POD PB, I ASKED CIO JORDAN, CIO MOONEY, CIO STAMP AND CIO JONES FOR 12 CASH SLIPS, 12 GRIEVANCES, 12 REGISTERED REEVE RECEIPTS AND 12 REQUESTS TO STAFF. I WAS GIVEN 4 CASH SLIPS, 2 GRIEVANCES AND NO REGISTERED REEVE RECEIPTS OR REQUESTS. FROM 02/22/04, I HAVE BEEN DENIED THE ABOVE SUPPLIES WITHOUT PROVOCATION OR JUSTIFICATION; IN AN EFFORT TO DENY ME ACCESS TO THE COURTS, REEVE RECEIPTS OF THE WRINGS THAT ARE BEEN DONE TO ME DAILY AND TO FORCE ME TO WITHDRAW MY APPEAL AND LAW SUITS FROM THE COURTS. NOW I WAS MOVED FROM CELL PA-7 BACK TO PB-7 WITHOUT A DESK OR CHAIR TO OBSTRUCT THE DUE ADMINISTRATION OF JUSTICE.	
I WOULD LIKE SOAP, TOOTH PASTE, ENVELOPES, PENS AND THE ABOVE SUPPLIES PLUS A SHOWER. I HAVE NOT RECEIVED A SHOWER SINCE 02/18/04. I THANK YOU IN ADVANCE FOR YOUR TIME, CO-OPERATION AND CONSIDERATION IN THE ABOVE MATTERS.	
Respectfully Your Servant In Christ Jesus Derick Rankine	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / _____
 Print Sign Date _____

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78228
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>SCI-GREENE</i>	FACILITY: <i>SCI-GREENE</i>	DATE: <i>03/10/04</i>
FROM: (INMATE NAME & NUMBER) <i>DERRICK RANKINE EU5850</i>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: <i>\$153/day relief requested</i>	HOUSING ASSIGNMENT: <i>RHU FA-7</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. <p>Today while Mr. Ivan was on the pod, I asked CIO Jordan and CIO Mooney, CIO Stump, CIO Jones for 12 requests to staff to file my grievance appeals to the Superintendent. I asked for 12 cash slips, 12 grievances, 12 registered letter receipts; and I was given 4 cash slips, 2 grievances and no registered letter receipts. From 03/10/04 I have been denied the above supplies without provocation or justification; in an effort to deny me access to the courts, seek redress of the wrongs that have been done to me daily and to force me to rec. withdraw my appeal and law suits from the courts.</p>		
B. List actions taken and staff you have contacted, before submitting this grievance. <p>I informed Dr. Sacks and Mr. Ivan of all the above. I also informed PRC and sent three requests to Deputy Jackson and Superintendent Folino since January 20, 2004, yet the above actions continues to now. I would like a permanent separation from the above staff.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 19, 2004

SUBJECT: Appeal of Rejected Grievance 78202

TO: Mr. Rankin EU 5850
I Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78202. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections. Further, your lack of respect for staff is so noted and will not be tolerated.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 78202

CC: Deputies' Complex (1)
CSA Grievance File at 78202
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 78202.03-19-04)

15-212
4106
061,272

3/16

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
GRIEVANCE Appeal # 78202		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) SUPERINTENDENT Folino		2. Date: 03/16/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
6. Work Assignment \$2553/day relief requested.		5. Unit Manager's Name Captain Hall	
7. Housing Assignment RHU FB-7		8. Subject: State your request completely but briefly. Give details.	
<p>Ms. DELLETO is incorrect, or she is in need of glasses, my grievance was signed and dated. I believe Ms. D-Elleto don't understand the purpose of the grievance system and why the courts require inmates to exhaust their administrative remedies. You should teach Ms. DELLETO to deal with the issues presented in a grievance. You and Ms. DELLETO responses to my grievances are irrelevant and immaterial/or keep this in mind.</p> <p>NOW, SINCE 02/22/04, I HAVE BEEN DENIED ALL MEDICAL ATTENTION and my NIACIN. BECAUSE I WAS NOT GIVEN MY NIACIN DURING THIS PERIOD MY CHEST PAINS RETURNED and which caused me to passed out twice in cell B-7 and I WAS NOT GIVEN ATTENDANCE FROM 02/22/04 TO 03/01/04, and yet I WAS NOT BEEN BY MEDICAL STAFF TAKEN TO MEDICAL. I would like to obtain 500 mg of Niacin in the mornings and in the evenings and some Motrin and to be taken off my diet. I would also like a check for \$6,272.00 for my pains, sufferings, torture, sadistic, and inhumane abuses from 02/22/04 to the present time.</p> <p>I thank you in advance for your time, cooperation and consideration in the above matter. And, again my name is DERRICK ANTHONY RANKINE.</p> <p>Respectfully Your Servant In Christ Jesus Derrick Rankine</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

/

Sign

Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78202

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/09/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: \$2553/day relief requested	HOUSING ASSIGNMENT: KNU FA-7	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. <p>Since 02/22/04, I HAVE BEEN DENIED ALL MEDICAL attention and my Niacin.</p> <p>BECAUSE, I WAS NOT GIVEN MY Niacin during this time period my chest pains returned and which CAUSED ME TO PASSED OUT TWICE IN CELL FB-7.</p> <p>Also I WAS NOT FED FROM 02/22/04 to 03/01/04 YET I WAS NOT SEEN BY MEDICAL STAFF.</p> <p>I WOULD LIKE MY Niacin RESUME 500mg IN THE morning and 500 mg IN THE EVENING; plus I WOULD like some Motrin, and to be taken off my diet, plus A CHECK FOR ALL monIES OWED to ME.</p>		
B. List actions taken and staff you have contacted, before submitting this grievance. <p>I informed Dr. Sacks OF THE ABOVE daily FROM 02/22/04 to 03/04/04. I also GAVE my empty Niacin package to medical staff on 03/07/04 with a medical request; YET I HAVE BEEN NO medical doctor as yet.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised

December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

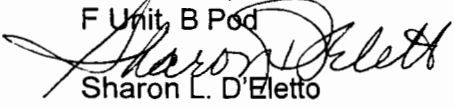
78441

GRIEVANCE NUMBER

DATE: March 15, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78441
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms. Sharon L. DeLotto	FACILITY: SCI-GREENE	DATE: 03/13/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$5000/day relief requested	HOUSING ASSIGNMENT: RHU FB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/12/04, I WAS MOVED FROM FIA-7 TO FIB-7 WHERE I WAS MOVED FROM ON 03/08/04. THERE IS NO DESK OR CHAIR IN FIB-7; SO I BELIEVE THAT I AM BEING HELD IN THIS CELL TO DENY ME ACCESS TO THE COURTS; AND IMPEDING MY APPEALS. I WOULD LIKE A DESK AND A SEAT IN THIS CELL TO PREPARE MY BRIEFS TO ME MAIL TO THE COURTS; AND TO FORCE ME TO BECOME A HOMO SEXUAL, WHICH WILL NEVER OCCURRED. I WOULD LIKE A CHECK FOR \$5000/day FOR EVERYDAY THAT I AM HELD IN THIS CELL BEGINNING 02/23/04 TO THE PRESENT.

B. List actions taken and staff you have contacted, before submitting this grievance.

I SPOKE TO DR. SACKS AND HE INFORMED ME THAT HE DOES NOT KNOW WHY I WAS PLACED IN THIS CELL, SINCE I HAVE NOT EXPRESSED ANY SUICIDAL INTENTIONS OR THOUGHTS. I SPOKE TO MR. IVAN ON 02/23/04 AND 03/12/04 ABOUT WHY I WAS PLACED IN FB-7 ON 02/23/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

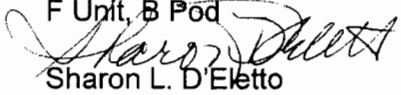
Revised

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

78840

GRIEVANCE NUMBER

DATE: March 18, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, B Pod
FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. _____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. _____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. _____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. _____ Group grievances are prohibited.
5. **X** **The grievance was not signed and/or dated.**
6. _____ Grievances must be legible and presented in a courteous manner.
7. _____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. **X** **Grievances based upon different events shall be presented separately.**
9. _____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. _____ You are currently under grievance restriction. You may not file any grievances until _____.
11. _____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. _____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

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78840
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/17/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$193 day relief Requested.	HOUSING ASSIGNMENT: RHU FIB-7.	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. On 03/17/04, I WAS GIVEN A CUP OF COFFEE WITH spit in it by C/O Coy and Sgt Conner. Today I also asked C/O Coy and Thompson for 12 GRIEVANCES, 12 CASH slips, 12 requests to STAFF and I WAS given only this grievance, 1 cash slip, 1 request to STAFF, Now I need two cash slips to send a letter to the courts, so I must see this as a deliberate attempt by STAFF to deny me access to the courts, which was ordered by Captain Hall and Superintendent Folino et		
B. List actions taken and staff you have contacted, before submitting this grievance. I informed C/O Coy and Thompson that refusing to give me supplies will not stop me from filing grievance and that as long as STAFF gives me a reason to file a grievance I will file them. I also pressed the EMERGENCY button and asked to speak to Rhu et		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

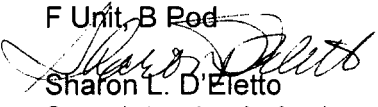
WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DATE: March 18, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
78832
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78832
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Elletts	FACILITY: SCI GREENG	DATE: 03/16/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: Relief requested (PERMANENT SEPARATION FROM C/O STICKLES)	HOUSING ASSIGNMENT: RHU FB-7	
INSTRUCTIONS: C/O STICKLES		
<ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. 		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>Today C/O STICKLES came to my cell door and stand there and stare at me for approximately 2 minutes. I asked C/O STICKLES why he was just standing at my cell door and staring at me. C/O STICKLES said "you look like a woman" and that he was doing his rounds. I will repeat again, I am not a homosexual and will never become a homosexual. I would like a very, very permanent separation from C/O STICKLES and this sexual harassment to stop.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I reported to Sgt. Santoyo on 03/02/04 and 03/05/04 C/O STICKLES conduct. I also went to C/O STICKLES a request on 03/12/04 and informed Mr. Ivan of C/O STICKLES behavior on 03/12/04; and I have refused to accept a high protein diet from C/O STICKLES or make any agreement with C/O STICKLES.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

78227

GRIEVANCE NUMBER

DATE: March 11, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, A PodFROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ____ Group grievances are prohibited.
5. **X** **The grievance was not signed and/or dated.**
6. ____ Grievances must be legible and presented in a courteous manner.
7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ____ Grievances based upon different events shall be presented separately.
9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78227

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>SCI-GREENE</i>	FACILITY: <i>SCI-GREENE</i>	DATE: <i>03/10/04</i>
FROM: (INMATE NAME & NUMBER) <i>DERRICK RANKINE EU5850</i>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: <i>#1153/dry relief requested and RTH FA-7</i>	HOUSING ASSIGNMENT:	
INSTRUCTIONS: <i>PERMANENT SEPARATION FROM CIO STICKLES.</i>		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p><i>On 03/10/04, CIO Strickles called me "Stinking Rankine" and "A piece of shit" without provocation or justification. Because I rejected CIO Strickles homosexual advances. During the period 03/01/04 to 03/05/04, CIO Strickles, began giving me a high protein diet, told me that "he and I had an understanding or agreement" about returning my property and about me getting showers, toothpaste and soap. I informed CIO Strickles that I was not a homosexual and will never become a homosexual, since I would rather die than to engage in a homosexual relationship and that I have, and had no agreement with him or any other staff member and that I never will make any agreement with any staff member more than to respect all staff member and demand respect from all staff member at all time.</i></p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p><i>I informed Sgt. Santiago on 03/02/04 and 03/04/04 of CIO Strickles homosexual and insulting overtures and that CIO Strickles was giving me a high protein diet and that CIO Strickles refused to give me my property, soap, toothpaste and shower from 03/01/04 to now because I refused to have a homosexual relationship with him. I informed Mr.</i></p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804. *Z Van 03/10/04.*

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 19, 2004

SUBJECT: Appeal of Rejected Grievance 78227

TO: Mr. Rankin EU 5850
I Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78227. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 78227

CC: Deputies' Complex (1)
CSA Grievance File at 78227
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 78227.03-19-04)

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78227
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/10/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: #1153/dry relief requested and	HOUSING ASSIGNMENT: RHY FA-7	

INSTRUCTIONS: **PERMANENT SEPARATION FROM C/O STICKLES**

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/10/04, C/O Strickles called me "Stinking Rankine" and "A piece of shit" without provocation or justification. Because I rejected C/O Strickles homosexual advances. During the period 03/01/04 to 03/05/04, C/O Strickles, began giving me a high protein diet, told me that "he and I had an understanding or agreement" about returning my property and about me getting showers, toothpaste and soap. I informed C/O Strickles that I was not a homosexual and will never become a homosexual; since I would rather die than to engage in a homosexual relationship and that I have, and had no agreement with him or any other staff member and that I never will make any agreement with any staff member more than to respect all staff member and demand respect from all staff member at all time.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Santoyo on 03/02/04 and 03/04/04 of C/O Strickles homosexual and insulting overtures and that C/O Strickles was giving me a high protein diet and that C/O Strickles refused to give me my property, soap, toothpaste and shower from 03/01/04 to now because I refused to have a homosexual relationship with him. I informed Mr.

Your grievance has been received and will be processed in accordance with DC-ADM 804. **ZVAN 03/10/04**

Signature of Facility Grievance Coordinator

Date

10377

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
GRIEVANCE Appeal # 78227		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) SUPERINTENDENT Polino		2. Date: 03/16/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment \$1153/day RELIEF requested		7. Housing Assignment RHU PB-7	
8. Subject: State your request completely but briefly. Give details.			
<p>On 02/23/04 and 02/24/04, CIO STICKLES said to me "You ARE still a piece of shit repeatedly without provocation or justification."</p> <p>During the period 03/02/04 to 03/10/04, CIO STICKLES kept giving me a high protein diet with sugars on my dinner tray. On 03/02/04 and 03/05/04, I reported this to Sgt. Santoguy. At which point CIO STICKLES told me that he and I have an agreement. I had no agreement and NEVER will have any agreement with any members of your STAFF period.</p> <p>I informed CIO STICKLES that I am NOT a homosexual and will NEVER become a homosexual. 2) THAT all STAFF members ARE only required to do their job and if they do their jobs then I will respect them and I will do my best to earn their respect. On 03/10/04 CIO STICKLES called me "stinking RANKINE and a piece of shit, without provocation or justification, in retaliation for the above. I would like a permanent separation from CIO STICKLES, plus a check for \$10,377 for mental distress as I was humiliated, embarrassed, felt demeaned and degraded by CIO STICKLES on orders from Captain Hall and you. I thank you in advance for your time co-operation and consideration in this matter."</p> <p>Respectfully, Your Servant In Christ JESUS my Lord.</p>			
To DC-14 CAR only <input type="checkbox"/> Derrick Rankine		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

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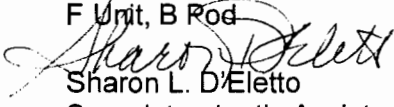
79149

GRIEVANCE NUMBER

DATE: March 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79149
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: 03/21/04
FROM: (INMATE NAME & NUMBER) Jemick Rankine EU5850	SIGNATURE OF INMATE: Jemick Rankine	
WORK ASSIGNMENT: \$1553/day relief requested.	HOUSING ASSIGNMENT: B-7 RHU	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/04/04 I sent a request to Captain Hall asking for 400 writing sheets, 50 carbon papers, 10 pens, 10 manila envelopes, use of a stapler and use of the copy machine to prepare my briefs and mail them to the courts.

On 03/12/04 I gave Mr. Evan a list for the above material. On 03/18/04 I asked Mr. Evan for the above supplies again. On 03/12/04 I sent a request to the business manager asking for the above supplies yet I have not received the above supplies as yet. On 03/18/04 I sent a request to Mrs. Higgins asking for the above supplies to no avail.

B. List actions taken and staff you have contacted, before submitting this grievance.

From 01/20/04 I have requested the above supplies weekly from Captain Hall, PRC/Deputy Jackson, Superintendent Folino to no avail. I file a grievance and appeal to Camp Hill and sent a Motion to the Superior Court and the United States District Court, Governor Rendell and Congressman Chaffin Fattah to compel SCI GREENE staff to give me these supplies immediately.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy


S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

February 17, 2004

SUBJECT: Appeal of Grievance 74129

TO: Mr. Rankin [REDACTED]
I Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 02/12/04 appeal of Grievance Number 74129.

If this issue is important to you, please use your name of commitment and re-submit within 5 days.

Your instant appeal is dismissed

Attach.: Grievance Number 74129

CC: Deputies' Complex (1)
CSA Grievance File at 74129
DC-15 EU 5850

(inmate 2004\grievances\appeal correspondence\EU 5850 Rankin and Grievance Number 74129.02-17-04)


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY 79148 GRIEVANCE NUMBER
--

DATE: March 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Rod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1

Set Greco
Zigantea

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79148
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 03/19/04
FROM: (INMATE NAME & NUMBER) Derrick Rankine EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1553/day relief requested	HOUSING ASSIGNMENT: RHU FIB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since Monday 03/15/04, I am without a pen. I asked CIO Stickles for a pen on Tuesday, Wednesday, Thursday and today, and CIO Stickles refused to give me a pen because I refused to have a homosexual relationship with him and reported him to Sgt. Santiago. For giving me a High Protein Tray with sugar on this dinner tray and that I don't wish to be a friend of any man period. CIO Stickles told me that told me that he will not give me a pen, razor, soap or ointment unless I become his friend. I would like a permanent separation from CIO Stickles, this is my third request to you all.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Santiago and Greco of all the above and on 03/17/04 Sgt. Conner told me that I would be leaving this pod on 03/18/04; since I am not on any observation. I also sent requests to PRC and Superintendent Folino and filed a grievance above the above. I also sent a letter to Judge Baxter and Secretary Beard.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date


WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: March 25, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY

79523

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. _____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. _____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. _____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. _____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. _____ Grievances must be legible and presented in a courteous manner.
7. _____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. X **Grievances based upon different events shall be presented separately.**
9. _____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. _____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. _____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. _____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79523

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: 81000 day relief requested.	HOUSING ASSIGNMENT: FIB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

From 02/22/04, I HAVE BEEN CONFINED in a cell
 ① Without a desk or chair, without shower, without a
 changed of clothing from 02/22/04 to 03/07/04, without
 ② Food from 02/22/04 to 03/01/04, without access to the
 yard or law library from 02/22/04 to 03/24/04,
 ③ yet on 03/22/04, I WAS STRIPPED SEARCHED by
 C/O Coy and C/O Schnap then denied yard because
 ④ I refused to be "NICE and Friendly" to C/O Coy
 and Schnap why in the nude. I WAS FORCIBLY STRIPPED
 SEARCHED by C/O Coy and C/O Schnap.

B. List actions taken and staff you have contacted, before submitting this grievance.

I asked to speak to Sgt. Conner on 02/22/04, who
 ran off the pod then pressed the button and asked
 to speak with RHU Lt or Captain Hall to no avail
 then informed Mr Zvan on 02/22/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 31, 2004

SUBJECT: Appeal of Rejected Grievance 79523

TO: Mr. Rankin EU 5850
F Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79523. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 79523

CC: Deputies' Complex (1)
CSA Grievance File at 79523
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 79523.03-31-04)

3/30

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE APPEAL #79523		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: 03/28/04	
3. By: (Print Inmate Name and Number) Derrick Rankine, EU 5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment \$1553/day relief requested.		7. Housing Assignment RAU FIB-7.	
8. Subject: State your request completely but briefly. Give details.			
Again, my grievances were always signed and dated so the grievance officer needs glasses or to stop using the drugs that he is using. There were no one drug presented on this grievance but the grievance officer was given the per logs and continuous abuses that I have been subjected since 01/20/04, without provocation or justification. From 02/22/04, I have been confined in a cell without a desk and chair, without a shower, soap, toothpaste, pen etc. From 02/22/04 to 03/07/04, without any of my legal, mail, religious or educational property. From 02/22/04 to 03/01/04, with food, medication or medical attention. From 02/22/04, with access to the law library. From 02/24/04, with heat, clothing, thermal undergarments, and access to the yard. Yet on 03/22/04, I was forcibly stripped, searched by Clocou and Schnap then denied yard because I was "Not Nice and Friendly" to Clocou and Schnap while nude. I asked to speak to Sgt. Conner and Sgt. Conner ran off the yard. I also pressed the emergency button and asked to speak to the RAU Lt. or Captain Hall, to no avail. I then informed Mr. Ivan of this on 03/22/04. Respectfully, Derrick Rankine			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

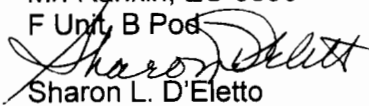
FOR OFFICIAL USE ONLY

79524

GRIEVANCE NUMBER

DATE: March 25, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B PodFROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. ____ Grievances must be legible and presented in a courteous manner.
7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ____ Grievances based upon different events shall be presented separately.
9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79524 88
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCZ GREENE	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINS EU 5850	SIGNATURE of INMATE: Derrick Rankins	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/21/04, C/O HENDERSEN have consistently refused to GIVE ME A PEN, SHOWER, TOOTH PASTE and A SHOWER, IN RETALIATION FOR FILING JUSTIFIABLE GRIEVANCE AGAINST C/O STICKLES.

According to C/O HENDERSEN "You must withdraw all grievances against all staff members and do what C/O STICKLES want you to do "Nigger" and "Why do you think you are better than the others?" Today C/O HENDERSEN CLAIMED "You are not indigent" and that "there are no pens in the RHU." I would like a permanent separation STICKLES and HENDERSEN

B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/22/04, I informed Mr. Ivan and Mr. Ivan informed C/O HENDERSEN that I was indigent and that he was to give me my supplies; yet 03/24/04 C/O HENDERSEN again refused to GIVE ME my supplies. I would like protective custody from C/O HENDERSEN

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

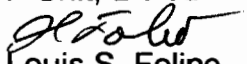
Revised
December 2000

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 31, 2004

SUBJECT: Appeal of Rejected Grievance 79524

TO: Mr. Rankin EU 5850
F Unit, B Pod
FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79524. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 79524

CC: Deputies' Complex (1)
CSA Grievance File at 79524
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 79524.03-31-04)

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Superintendent Folino</u>		2. Date: <u>03/28/04</u>	
3. By: (Print Inmate Name and Number) <u>DERRICK RANSINE EU 5850</u> <u>Derrick Ransine</u> Inmate Signature		4. Counselor's Name <u>Mr Ivan</u>	
6. Work Assignment <u>\$255/day relief requested</u>		5. Unit Manager's Name <u>Captain Hall</u>	
7. Housing Assignment <u>RHU FIB-7</u>		7. Housing Assignment	
8. Subject: State your request completely but briefly. Give details. <p>THE GRIEVANCE OFFICER MUST BE BLIND OR JUST PLAIN STUPID, MY GRIEVANCES WERE ALWAYS SIGNED AND DATED. MY NAME IS, WAS AND WILL ALWAYS BE DERRICK ANTHONY RANSINE AND THAT IS THE ONLY WAY I WILL EVER SPELL OR SIGN MY NAME SO YOU WOULD BETTER CORRECT MY NAME OR I WILL MAKE THE COURTS FORCE YOU TO CORRECT THE SPELLING OF MY FATHER'S NAME.</p> <p>NOW, SINCE 03/21/04, C/O HENDERSEN HAVE CONSISTENTLY REFUSED TO GIVE ME A PEN, A SHOWER, TOOTH PASTE SOAP, LOTION AND OINTMENT IN RETALIATION FOR FILING JUSTIFIABLE GRIEVANCES AGAINST C/O STICKLES. ACCORDING TO C/O HENDERSEN & YOU MUST WITHDRAW ALL GRIEVANCES AGAINST ALL STAFF MEMBERS AND DO WHAT C/O STICKLES WANT YOU TO DO "NIGGER" AND WHY DO YOU THINK YOU ARE BETTER THAN THE "OTHERS"? TODAY 03/24/04, C/O HENDERSEN CLAIMED "YOU ARE NOT INDIGENT" AND THERE ARE NO PENS IN THE RHU. I INFORMED SGT AGOSTINO, LEEGO CONNER AND LUBBO OF THE ABOVE AND MR. IVAN TOLD C/O HENDERSEN THAT I</p> <p>IVAN ALSO TOLD C/O HENDERSEN "THAT I WAS INDIGENT AND THAT C/O HENDERSEN WAS TO GIVE ME MY SUPPLIES" YET C/O HENDERSEN CONSISTENTLY REFUSED TO GIVE ME MY SUPPLIES. I WOULD LIKE A PERMANENT SEPARATION FROM C/O HENDERSEN AND STICKLES AND BLAISE AT THIS TIME WITH C/O ANDERSON.</p> <p>I WOULD LIKE A SOAP, SOME OINTMENT, A SHOWER AND REPLACEMENT PENS FOR MY TWO EMPTY PENS, AND AN INDIGENT SIGN ON MY DOOR. ALSO I NEED 4 BARS OF SOAP SINCE I HAVE NOT RECEIVED A SHOWER SINCE 02/19/04. (SIGNED FULLY)</p> <p><u>Derrick Ransine</u></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____
 Print Sign Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79524
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCZ GREENE	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKING BU 5850	SIGNATURE OF INMATE: Derrick Ranking	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/21/04, C/O HENDERSEN have consistently refused to give me a pen, shower, toothpaste and a shower; in retaliation for filing justifiable grievance against C/O Stickles.

According to C/O HENDERSEN "You must withdraw all grievances against all staff members and do what C/O Stickles want you to do 'Nigger' and 'Why do you think you are better than the others?' Today C/O HENDERSEN claimed 'You are not indigent and that there are no pens in the RHU.' I would like a permanent separation Stickles and HENDERSEN

B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/22/04, I informed Mr. Zivan and Mr. Zivan informed C/O HENDERSEN that I was indigent and that he was to give me my supplies; yet 03/24/04 C/O HENDERSEN again refused to give me my supplies. I would like protective custody from C/O HENDERSEN

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

79871

GRIEVANCE NUMBER

DATE: March 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, B Pod

FROM:


Sharon L. D'Eletto

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79871

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCT-GREENE	FACILITY: SCT-GREENE	DATE: 08/29/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1500/day relief requested	HOUSING ASSIGNMENT: RHU FIB-7	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. <p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>SINCE 08/02/04, I HAVE BEEN GIVEN COFFEE WITH SPIT IN IT BY C/O HENRY, COY, THOMPSON, MOONEY, BOWEN ENGELHARDT, JORDAN AND GOT CONNER AND C/O STUMP. I WOULD LIKE A PERMANENT SEPARATION FROM ALL THE ABOVE INDIVIDUALS. I HAVE ALREADY REQUEST A SEPARATION ORDER FROM THE UNITED STATES DISTRICT COURT</p> <p>Nothing Follows</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I WENT A REQUEST TO CAPTAIN HALL, INFORMED MR. IVAN AND ALL MEDICAL STAFF AND SIGNED MYSELF OFF MY DIET. I ALSO WENT A REQUEST TO PRC/DEPUTY JACKSON AND TO SUPERINTENDENT FALINO, YET THE INSIPID AND DESPICABLE ACTION CONTINUES--</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT
 SCI-GREENE

FOR OFFICIAL USE ONLY


79870

GRIEVANCE NUMBER

DATE: March 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
 F Unit, B Pod

FROM: 
 Sharon L. D'Eletto
 Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☒ **Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:**
 - a. **DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.**
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:tls

cc: FILE
 DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79870

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 03/29/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$120,000 RELIEF REQUESTED	HOUSING ASSIGNMENT: RHU FIB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/25/04, I WAS GIVEN A MISCONDUCT AND A HEARING THE SAME AND SENTENCE TO 120 DAY DC TIME. On 03/04/04, I SENT MY APPEAL TO PRC, BY CLO STICKLES, YET I HAVE RECEIVED NO RESPONSE FROM THE PRC AS YET.

B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/20/04, I FILED AN APPEAL BY CLO ENGELHART TO SUPERINTENDENT FOLINO. On 03/28/04 CLO BOWEN TOOK ANOTHER REQUEST TO PRC FROM ME ASKING FOR PRC REQUEST RESPONSE TO MY MISCONDUCT APPEAL AND I SENT AN APPEAL TO O.P.R. AND SECRETARY BEARD.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

79970

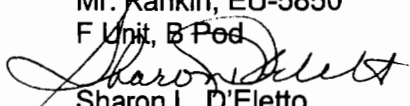
GRIEVANCE NUMBER

DATE: March 31, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☒ **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79970
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms. Sharon L. Delleto	FACILITY: SCI Greene	DATE: 03/13/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU PB-1	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/08/04, I HAVE BEEN asking CIO Blake CIO Stickle and Sgt. Santoyo for a pen, a soap, toothpaste and a toothbrush. CIO Stickle wants me to become his "friend" and have an agreement with him. CIO Blake told me that "WE HAVE to work this out together," both officers refused to give me these supplies. Today I was informed by CIO Anderson that I was not on the indigent list. I informed CIO Anderson that I have been indigent since March 23, 2000; and show him a letter from Lt. Gumbarevic proving that I am indigent. CIO Blake again repeated his demand "WE HAVE to work this out together."

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Santoyo on 03/10/04 and 03/11/04 that I was indigent and of these remarks by CIO Blake and CIO Stickle. I do not wish to work out anything with CIO Blake and I will never be a friend of CIO Stickle, since I am not a homosexual and NEVER will be a faggot. I am a Criminal.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

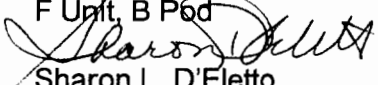
WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DATE: March 31, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY 79971 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☒ **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79971

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/06/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	<i>Rec 03/21/04</i>
WORK ASSIGNMENT: \$1553 day relief requested	HOUSING ASSIGNMENT: BHU/FA-7.	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/05/04, I WAS MOVED From FB-7 to FA-7. I continued to asked For a blanket, two sheets 2 towels, soap, wash rags and A change of clothing With my property to NO Avail.

On 03/06/04, I WAS Forcible stripped searched and my cell WAS SEARCHED, my mattress and pillow WAS REMOVED From my cell by Sgt. Santoyo.

I was told by CIO BLAKE that Dr. Sacks told him Not to GAVE ME any of my property, toothpaste toothbrush, pen, sheets, blanket, soap or change of clothing, UNDERWEARS or my legal property ect.

B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke to Dr. Sacks on 02/24/04, 02/25/04, 02/26/04, 03/01/04, 03/03/04, 03/04/04 and Dr. Sacks told me that I WAS in the observation cell by security; and that he don't know why I HAVE NOT RECEIVED All my property From 02/23/04. I asked asked to DEE and speak to Mr. Ivan daily to NO Avail.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

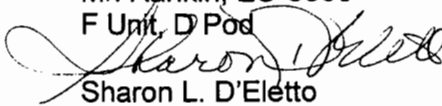
80901

GRIEVANCE NUMBER

DATE: April 9, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☒ **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: The Grievance Coordinator cannot adequately review your grievance as you have not provided a date on which the issue in question is alleged to have occurred. If this grievance issue is still of concern to you, please supply a date or dates on which the issue occurred and resubmit the grievance form using the same grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE A GRIEVANCE NUMBER FOR ANY OTHER ISSUE.

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80901

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCT-GREENG	DATE: 04/08/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FID 9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

When Since Monday I HAVE BEEN DENIED ALL MEDICAL ATTENTION and my benadryl, which caused my body to itch all over, and due to this itching I am unable to sleep. For example I HAVE BEEN UP FROM 12:30 AM and is unable to go back to sleep due to this itching.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed the bubble (C/O) Henry, Coy, Schnap, Johnson and a Lt. plus the Jewish Rabbi and then took all my medications that were in my cell, which stopped the itching. I HAVE BEEN PRESSING THE EMERGENCY button repeatedly from 12:30 AM today and asked to see a doctor. I saw the PA and informed him of this on 4/06/04, 4/07/04, and 4/08/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
April 14, 2004**

SUBJECT: Appeal of Rejected Grievance 80901

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 4/12/04 appeal of the Grievance Coordinator's rejection of Grievance number 80901. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 4/8/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach: Grievance Appeal 80901

LSF/tls

Cc: Deputies
CSA Grievance File at 80901
DC-15 EU-5850

4/13

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE Appeal # 80901		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: 04/12/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU 5850 <u>Derrick Rankine</u> Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment \$1000 day relief requested		7. Housing Assignment RHU FIB-9	
8. Subject: State your request completely but briefly. Give details. <p>Since Monday 04/05/04, I have been denied all medical attention and my benadryl, which caused my body to itch all over and due to this itching I am unable to sleep. For example on 04/08/04, I was up from 12:30 AM and did not go back to sleep because of this severe itching. I informed the bubble, Clutter, Coy, Schnap, Johnson and RHULE plus the Jewish Rabbi and took all my medications that were in my cell, which stopped the itching temporarily. I have pressed the emergency button repeatedly from 12:30 AM on 04/08/04 and asked to see a doctor or to be taken to medical to no avail. I saw a Physician Assistance on 04/06/04, 04/07/04 and 04/08/04. Yet I was not given any medications to stop this itching until 04/09/04.</p> <p>On 04/09/04, I was given 25mg of benadryl at approximately 7pm when I needed 75mg. I was on 75mg up to 04/10/04. I was later informed that Dr. Conn took me off my benadryl without any consultation with me. I never asked to be taken off my medications. I was tortured, to be tortured at this time. I would like you to place a check for \$5000 on my inmate account for my pain and suffering from 04/05/04 to 04/10/04. I thank you in advance for your time, co-operation and consideration in this matter, and look forward to working with you and your staff in a productive and constructive manner.</p> <p>N.B. Today while you were on this pad, I called you to show you letters from the Court with the correct spelling of my name.</p> <p>Respectfully, Your Brother & Servant In Christ Jesus my LORD and GOD! Derrick Rankine</p>			
To DC-14 CAR only <input type="checkbox"/> NINE and you ran.		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80901

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENG	DATE: 04/08/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU5850	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RH F109	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

When Since Monday I HAVE BEEN DENIED ALL MEDICAL ATTENTION and my benadryl, which caused my body to itch all over, and due to this itching I am unable to sleep. For example I have been up from 12:30 AM and is unable to go back to sleep due to this itching.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed the bubble (C/O) Henry, Coy, Schnap, Johnson and a Lt. plus the Jewish Rabbi and then took all my medications that were in my cell, which stopped the itching. I have been pressing the EMERGENCY button repeatedly from 12:30 AM today and asked to see a doctor. I saw the PA and informed him of this on 04/06/04, 04/07/04, and 04/08/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date


WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DATE: April 1, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
80093
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
80093
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Elets	FACILITY: SCI GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1153/day relief requested	HOUSING ASSIGNMENT: RHU FIB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 02/22/04, CIO Bowen, Henry, Coy, Thompson, Mooney, Schnap, Stickles, Blaker, Anderson and Henderson have been denying me, grievances, requests to staff toilet tissues, pens, soaps, toothpaste, ointment, showers, yard, access to the law library, the use of a stapler, etc. as retaliation for reporting CIO Manberry, Stephen, Rausenwinder, Blaker, Stickles, and Henderson for making homosexual demands on me. For example, today I asked CIO Bowen for 12 requests to staff, 12 cash slips and 4 sick call slip, 4 registered letter slips and 12 grievances. CIO Bowen said you don't need that many, then gave me 2 grievances, 2 requests to staff, 2 cash slips, no medical slip.

B. List actions taken and staff you have contacted, before submitting this grievance.

I explained to CIO Bowen that I need at least 20 requests to staff to file my backup grievance appeals. Since I was not given my property until 03/07/04 and have not received a pen from staff since 02/19/04, I do have a lot of backup appeals to file. CIO Bowen said, "don't appeal your grievances and things might get better for you." I slammed my tray shut and left, leaving my requests and grievances in the process.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

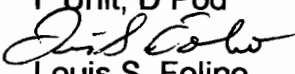
Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

April 5, 2004**SUBJECT:** Appeal of Rejected Grievance 80093**TO:** Mr. Rankin EU 5850
F Unit, D Pod**FROM:** 
Louis S. Folino
Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80093. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 80093**CC:** Deputies' Complex (1)
CSA Grievance File at 80093
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 80093.04-05-04)

4/5

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER Grievance Appeal # 80093	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) Superintendent Folino	2. Date: 04/04/04
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5850 Derrick Rankine Inmate Signature	4. Counselor's Name Mr. Ivan 5. Unit Manager's Name Captain Hall
6. Work Assignment	7. Housing Assignment FID-9 RHU.
8. Subject: State your request completely but briefly. Give details. Since 02/22/04, C/O Bowen, Henry, COY, Thompson, Mooney, Schnappa, Stickles, Blaker, Anderson, HENDERSEN and Sgt Conner, have been denying me the requested requests to staff, cash slips, grievances, toilet tissues, pens, soap, toothpaste, ointment, showers, yard, and access to the law library and the used of a stapler; in retaliation for reporting C/O Manberry, Stephen Rausenwinder, Blaker, Stickles and HENDERSEN for making and continues to make homosexual demands on me. For example: today, I asked C/O Bowen for 12 requests to staff, 12 grievances, 12 cash slips, & did call to registered letter receipts, C/O Bowen said you don't need that many, then gave me 2 grievances, 2 requests to staff, 2 cash slips, no medical slips, so my grievances and grievances appeal will be late. 1031 3110 On 04/04, I was given 2 grievances, 1 cash slip, no did call or registered letter receipts and 8 requests to staff by C/O Conner. It is obvious your staff thinks, if they denied me supplies then	
9. Response: (This Section for Staff Response Only) They can forced me to become a homosexual and be silent about their homosexual demands and threats and abuses. I will NEVER be silent, late but not silent. My name is DERRICK ANTHONY RANKINE; and my grievance was signed and dated correctly. My commitment name is DERRICK ANTHONY RANKINE since that is the only name I EVER USED, OR GAVE ANYONE. Respectfully Semi FE. Always Faithful. Derrick Rankine Always Faithful.	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / _____ Date _____
 Sign

80093

8

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1153/day relief requested.	HOUSING ASSIGNMENT: RHU 113-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 02/22/04, CIO Bowen, Henry, Coy, Thompson, Mooney, Schnap, Stickles, Blaker, Anderson and Henderson have been denying me grievances, requests to staff toilet tissues, pens, soaps, toothpaste, ointment, showers, yard, access to the law library, the use of a stapler, ected in retaliation for reporting CIO Manberry, Stephen, Rausenwinder, Blaker, Stickles, and Henderson for making homosexual demands on me. For example, today I asked CIO Bowen for 12 requests to staff, 12 cash slips and 4 sick call slip, 4 registered letter slips and 12 grievances. CIO Bowen said you don't need that many, then gave me 2 grievances, 2 requests to staff, 2 cash slips, no medical slips.

B. List actions taken and staff you have contacted, before submitting this grievance.

I explained to CIO Bowen that I need at least 20 requests to staff to file my backup grievance appeals, since I was not given my property until 03/07/04 and have not received a pen from staff since 02/19/04, so I have a lot of backup appeals to file. CIO Bowen said "don't appeal your grievance and things might get better for you, I slammed my tray slot and left, taking my requests and grievances in the process."

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator


Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

DATE: April 1, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
80095
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80095

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Eleto	FACILITY: SCI GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) Derrick Rankine EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000 day relief requested and all my mails	HOUSING ASSIGNMENT: RHU FIB-7	
INSTRUCTIONS: Plus a permanent deprivation from CIO Blaker and Bowen/Henderson. 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. On 03/29/04, I gave CIO Cole 4 letters with 8 cash slips to be sent to the mail room. CIO Cole informed me that he signed my cash slip and placed my letters in the mail box. Now on 03/30/04 CIO Blaker he turn to me only two cash slips. When I asked for the other two cash slips, I was told that we have to work that out together by CIO Blaker.		
B. List actions taken and staff you have contacted, before submitting this grievance. I asked CIO Blaker for the next two cash slips and or my letters and I also asked to speak to the RHU Sgt. or Lt. to no avail. I pressed the emergency button and reported the above violation and I will be sending a request to the mailroom supervisor.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

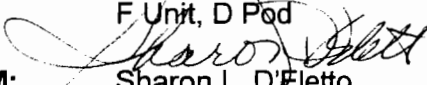
Revised
December 2000

DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 9, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY 80902 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80902

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon Deleto</i>	FACILITY: <i>SCI Greene</i>	DATE: <i>04/08/04</i>
FROM: (INMATE NAME & NUMBER) <i>JERRICK RANKINE EU 5850</i>	SIGNATURE OF INMATE: <i>Jerrick Rankine</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>RHU FID-9</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today I recieved a confiscation slip for 2(37) envelopes. These envelopes were sent to be for legal purposes or religious purposes by Brother Hohl. Please have the mailroom sent me my envelopes.

B. List actions taken and staff you have contacted, before submitting this grievance.

I check the inmate hand book and it clearly stated that I can recieved anything and all legal material, yet the mailroom is holding my envelopes. I would like to get my envelopes. I sent a request to the mail room and Captain Hall.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

April 5, 2004

SUBJECT: Appeal of Rejected Grievance 80095

TO: Mr. Rankin EU 5850
F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80095. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 80095

CC: Deputies' Complex (1)
CSA Grievance File at 80095
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 80095.04-05-04)

415

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
GRIEVANCE Appeal # 80095		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer)	2. Date:		
Superintendent Folino	04/04/04		
3. By: (Print Inmate Name and Number)	4. Counselor's Name		
DERRICK RANKINE EU5850	Mr. Ivan		
Derrick Rankine	5. Unit Manager's Name		
Inmate Signature	Captain Hall		
6. Work Assignment	7. Housing Assignment		
\$1500/day relief requested.	RHU FID-9		
8. Subject: State your request completely but briefly. Give details.			
<p>First, my name is Derrick Anthony Rankine; was always is always and will always be Derrick Anthony Rankine; you and your staff can continue to abuse me by disrespecting my father daily; but I will never, under any circumstances dishonor and disrespect my father; so you can continue to reject my grievance, without addressing the issues. The Court only rule that I must complete my administrative remedies. Not that you must resolved these grievances. So have fun.</p> <p>Second: the grievance officer did not discussed this grievance with me in violation of the 1st 5th 8th and 14th Amendments to the United States Constitution DC ADM 804 and CIO Stickle, Henderson and Blaker continues to deny, read and destroy my mail without my consent.</p> <p>Third: Even on 04/02/04, 04/03/04 CIO Stickle, Blaker and Henderson were at my cell door calling me "A F... King Faggot" "A F... ins Jamaican" denying me soap, toothpaste, ointment, pens, and threatening my life, which I believe you sent them to do. CIO Stickle came to my cell door on 04/02/03 on FID and told me "go and F..." yourself" without provocations.</p> <p>On 04/03/04, I gave Sgt Santos three empty pens and CIO Henderson only gave me one pen to replace my three empty pens. This is the consistent type of abuse that I have been subjected since 04/20/04; without any provocation or justification; and you and Ms DeLotto have the nerve to reject my grievance. As long as you and your staff continues to abuse me, I will be filing grievances. So now you might be able to be do something for your paychecks.</p> <p>Respectfully Derrick Rankine</p>			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

80095

8

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Eleto	FACILITY: SCI GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) Derrick Rankine EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000 day relief requested and all my mails	HOUSING ASSIGNMENT: RHUFIB-7	
INSTRUCTIONS: Plus a permanent deprivation from CW Blaker and Bowen/Henderson.		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 03/29/04, I gave CIO Cole 4 letters with 8 cash slips to be sent to the mail room. CIO Cole informed me that he signed my cash slip and placed my letters in the mail box. Now on 03/30/04 CIO Blaker return to me only two cash slips; when I asked for the other two cash slips, I was told that we have to work that out together by CIO Blaker.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I asked CIO Blaker for the next two cash slips and for my letters and I also asked to speak to the RHU Sgt. or Lt. to no avail. I pressed the emergency button and reported the above violation and I will be sending a request to the mailroom supervisor.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

80421

GRIEVANCE NUMBER

DATE: April 5, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D PodFROM: Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. _____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. _____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. _____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. _____ Group grievances are prohibited.
5. X _____ **The grievance was not signed and/or dated.**
6. _____ Grievances must be legible and presented in a courteous manner.
7. _____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. _____ Grievances based upon different events shall be presented separately.
9. _____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. _____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. _____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. _____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

80421

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: 01/02/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: 1500 day relief Requested	HOUSING ASSIGNMENT: Permanent Separation RHU FID-9	
INSTRUCTIONS: From CIO Stickle, Henderson and Blaker		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 01/02/04 and 01/03/04 CIO Stickle, Henderson and Blaker came to my cell door and called me "A F---ing Faggot", said to me "You get no supplies you F---ing Jamaican". "We are not to even be at your cell door or speak to you, you F---ing Faggot" so how can we give you supplies, "Nigger". Every time you filed a grievance on us we get \$10 bonus; you F---ing Fool, so keep filing them. This is an example of what I have been subjected to since 01/20/04 consistently and continuously, because I refused to become an Abomination in the sight of God and man.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I attempted to inform Sgt. Santiago of this and he left the pod on 01/02/04 and 01/03/04. I informed Lt. Guyton of this on 01/03/04; while he was on the pod. On 01/03/04 Sgt. Santiago took my three empty pens and sent CIO Henderson with 1 pen, 1 toothpaste and I was given a shower without soap after 42 days.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

Semi FE Ranger Delta 444 Ranger

DC-ADM 804, Inmate Grievance System

DC-804

Part 2

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001**



Attachment B

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. 80422

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankine, Derrick EU-5850	SCI GREENE	FD-09	4-4-04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your concerns. You are alleging that the medical is denying you your medication (Nacin, Motrin) and that staff are ignoring your requests for emergency treatment.

I have received numerous request slips from you, none of them dealing with medical, medications, or emergency situations. Most of your request slips claim that staff are spitting in your food (You told me that since you were a chemist you could use salt as a test for spit). You further stated that ALL of the officers have made homosexual advances towards you (Both shifts) and that since you refused their advances, you were being denied items.

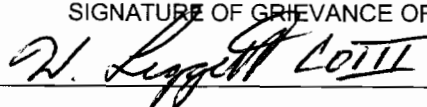
I have contacted medical concerning your allegations. You take Maxcide for High Blood Pressure (You retain this in your cell); You are dispensed Niacin (For Lowering cholesterol) Daily; and finally you can receive Benadryl As Needed. The Motrin which you mentioned was ordered for you for 4-5-04 through 4-10-04. You received it. You Niacin has never been denied to you.

As for the allegations concerning staff refusing to seek immediate medical attention, this is a falsehood. ALL inmates will be seen if they claim a medical emergency. However, a cash slip must be provided at the time of service. You state that you put in a sick call slip on the 30th and was seen on the 31st. That does not sound like a department that is denying you attention – it sounds like they are doing their jobs.

Nothing in the way of medical treatment or medication has been denied to you. I believe that you have a skewed sense of reality (I base this on the statements made in your request slips) and that possibly our psychology department can be of assistance to you. I will file a DC-97 form to them immediately – hopefully we can get you the assistance that you seem to be crying out for.

Since I have completely investigated ALL of your allegations and cannot find a shred of evidence which verifies any part of your story, I find that your grievance lacks any arguable basis in fact; I must therefore find it to be frivolous and deny it in full.

CC: Deputies
Grievance Coordinator
DC 15
File

Print Name and Title of Grievance Officer W Leggett COIII	SIGNATURE OF GRIEVANCE OFFICER 	DATE 4-26-04
--	--	-----------------

DC-804
Part 1Health
careCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80422

GRIEVANCE NUMBER

4/19

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 04/04/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$5000 day relief requested.	HOUSING ASSIGNMENT: RHU FID-9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/28/04, I HAVE BEEN DENIED my Naicin and Motrin which CAUSED ME SEVERE chest pains and head aches; and when I asked to be taken to medical for these chest pains, Sgt. Conner told me "No", "die".

This is another example that Superintendent Folino the medical staff, RHU staff and the grievance coordinator have been and is trying to murder me since 01/20/04 without provocation or justification. Since this is not the first or second or third I have been denied my medication and medical attention, and told to "die" by staff, when I seek emergency medical attention.

B. List actions taken and staff you have contacted, before submitting this grievance.

I went on a sick call on 03/28/04 and was seen on 03/31/04 and told I have 5 refills left for the above medications yet I have received no medications as yet. I went on another sick call on 04/03/04 and constantly pressed the emergency button and I was told "we don't have time for your games"; when I am having severe chest pains.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000